

Ability Tech Foundation Board of Directors Application Form

Thank you for your interest in joining Ability Tech Foundation Board! Use this form to provide useful information about yourself, to ensure the best match between you and the company to consider you for its Board of Directors.

Your name: _____

Your Home Phone Number: _____ Cell Number: _____

Your address: _____

Your email address (please write it carefully):

Briefly describe why you would like to join our Board of Directors:

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize? _____

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

If you join the Board, you agree that you can attend at least 75% of yearly meetings to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____